

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002549

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 283Primary Registration District No. 5655Registrar's No. 144

STATE FILE NUMBER

FILED JAN 24 1962

1. PLACE OF DEATH

a. COUNTY Lawrenceb. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Mount VernonLength of stay in 1b
83 days2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lawrencec. CITY
OR
TOWN Mount VernonInside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Missouri State SanatoriumInside Limits
Yes ☐ No ☒d. STREET
ADDRESS (If outside, give location)
213 West CherryReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Herman

Middle

Last

Weiss4. DATE
OF
DEATH

Month

January

Day

21

Year

19625. SEX
Male6. COLOR OR RACE
Caucasian7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
6-3-789. AGE (last birthday)
83IF UNDER 1 YEAR
Months Days Hours Min.IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Farmer - Retired10b. KIND OF BUSINESS OR INDUSTRY
Farming11. BIRTHPLACE (City and state or country)
Illinois12. CITIZEN OF WHAT COUNTRY
United States

13a. FATHER'S NAME

John Weiss

13b. MOTHER'S MAIDEN NAME

Kathoran Hardy

14. NAME OF HUSBAND OR WIFE

Agnes Weiss15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Missouri State Sanatorium, Mt. Vernon, Mo.18. CAUSE OF DEATH (Enter only one cause per line for
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Congestive heart failureINTERVAL BETWEEN
ONSET AND DEATH
1 monthConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.DUE TO (b) Acute myocardial infarction1 monthDUE TO (c) Arteriosclerotic heart disease?PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)Cerebral thrombosis with left hemiparesisPART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from December 29, 1961 to January 21, 1962 and last saw him alive on Dec Jan. 21, 1962
Death occurred at 9:30 a. a. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

J. Lewis Gale, M.D.

22b. ADDRESS

Missouri State Sanatorium,
Mount Vernon, Missouri

22c. DATE SIGNED

1-21-6223a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

1-23-62

23c. NAME OF CEMETERY OR CREMATORY

Maple Grove Cemetery

23d. LOCATION (City, town, or county)

Mt. Vernon

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Max L. Fossett

25. DATE RECD. BY LOCAL REG.

1-22-62

26. REGISTRAR'S SIGNATURE

Ray Wynne

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Max L. Lissett

Licensed Embalmer No.

4252

P. O. Address

W. W. L. Lissett

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.